S. No.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNEAU V. B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
	(93:21)
County Nonnast	Registration Dist. No. 260
Village or City Mery Assycios Cleans, My	No. St., Wai
	osds How tong in U.S. If of foreign blrth?yrsmos
2. FULL NAME & Mary Eccin Was	here
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Cof OR DIVORCED (write the ward) Marries Marries	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Day haves	22. I HEREBY CERTIFY, Thet I ettended deceased from
DATE OF BIRTH (	
6. DATE OF BIRTH (month, day, and year) Aurie Vinon 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
about 64   1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Dryoens Insuffice line
kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	/ / /
SAW MILL, BANK, etc	
this occupation (month and spant in this year) occupation	
AS BIRTUM ACT (-it A)	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Handy Cocking	
13. NAME Handy Cocking  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME AS A CLUB	23. If death was due to externel ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME Seal King  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur?
17. INFORMANT Oling Calling (Address) Ams Cong ms.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Chery Date Lary 23, 1934	Nature of injury
19. UNDERTAKER Brodeted hus.	24. Was disease or injury In eny way retated to occupation of deceased?
20. FILED V/21 , 193/x Tylinick Registrar.	(Signed) A March Cours M. M.
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HIM R 1034	y			
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gostroenteritis	1 year	

em of	pluods	200	1	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	/	
RMANENT RI	XACTLY.	classified. Ex		
S IS A PE	stated E	properly	certificate	
HIS	be	pe .	Jo :	
ING INK-T	AGE should	so that it may	FION is very important. See instructions on back of certificate.	
TH UNFAI	y supplied.	ain terms,	See instru	
AINLY, WIT	ld be carefull	DEATH in pl	y important.	
-WRITE PL	nation shou	CAUSE OF	rion is ver	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Somerset Registration Dist. No. No. McGrendys Kamorial Hospital Crisfield Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_mos.\_\_\_\_ds. How tong In U.S. if of foreign birth?\_\_\_\_\_vrs.\_\_\_\_mos.\_\_ Wm H Baugherty (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowad, or divorced HUSBAND of Maude Daugherty ERTIFY. That I attended daceased from (or) WIFE of 1887 Oct 23 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Days If LESS than to have occurred on the data stated above, at, f day, ---- hrs. 46 8 Tha PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Date of onset & Trade, profession, or particular kind of work done, as SPINNER, Police Officer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, C1 ty SAW MILL, BANK, atc. of Crisfield April 10. Date deceased last worked at ff. Total time (yaars) this occupation (month and spent in this 3 y 4 S 12. BIRTHPLACE (city or town) ... (Stata or country) Md FATHER Daugherty f3. NAME Crisfield f4. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?\_ ----- Was there an autopsy? MOTHER Sarah Daugherty f5. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following: Crisfield Accidant, suicide, or homicida? 16. BIRTHPLACE (city or town) Md (State or country) Eula Maden city or town, county and State 17. INFORMANT Crisfield (Address) 18. BURIAL, CREMATION, OR REMOVAL Cem\_Data\_\_\_ 19. UNDERTAKER If so, specify

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(Addrass)

Registrar.

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BUREAU V. S.	L. Comment			
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A)	N	¥	
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05239
1. PLACE OF DEATH	(131)
Village or City Orio field, McCready Memory  Length of residence in city or town where death occurred yrs, mo	Registration Dist. No. 270  St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U. S. If of foreign birth?yrsmosds.
(a) Residence: No. Wyalows md. PF	04.0
(Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from april 7, 1934, to 2007 6 1934
6. DATE OF BIRTH (month, day, and year) Not becer. 1854	I last saw han aliva on 1934; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated abova, at
9 Trade profession or posticular	Oate ol onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at  11. Total time (years)	acul Del 7 Went.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Memia
10. Data daceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) — Du Q (State or country)	Other Contributory Causes of Importance:  Jenus Certain Schwarz Feb 34
E 13. NAME Surf S.	(leuni del mout along mone este
13. NAME Try b.  14. BIRTHPLACE (city or town) (State or country)	Name of operation auf of both feet Date of 10,34
15. MAIDEN NAME port bu	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Vol Sum  16. BIRTHPLACE (city or town)  (State or country)	23. if death was dua to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Aboptal read (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDN, OR REMOVAL Place D. O. Composition Date May 1934	Manner of injury
19. UNDERTAKER DM A Bradshaw (Address Dr. Light and	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED May 8, 1934. C. E. Collins. Registrar.	(Signed) Slorge & rullurs M. D.  (Address) Magraya mar
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July 5,1927	Peritonitis	3 days ago	
May 1 1923	Other contributory causes of importance:		
111 49 1,1000	distribution	1 year	
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

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1	A	A.	
1	11	11	
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RGIN RESERVED FOR BINDING

County A	nost		Regis	stration Dist. No. 260
Village or City_	on or Them	Jack .	No.  f death occurred in a horpital or institution, give it	St., War
Length of residence in	city optown where death occurred		des. How long In U.S. if of foreign b	
(a) Residence: No.			St., Ward.	
PERSONAL AL	(Usual place) ND STATISTICAL PART		MEDICAL CERTIFI	CATE OF DEATH
1	ORAOR RACE   5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	- 8 × 193 5¢
5a. If married, widowed, or div HUSBAND of (or) WIFE of	vorced		22. I HER BY CER	(Day) (Year)
6. DATE OF BIRTH (month, d 7. AGE Years	Month Days	If LESS then 1 day,hrs.	I last saw how alive on V & to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and relawere as follows:	
8. Trede, profession, or kind of work done SAWYER, BOOKK!  9. Industry or business work was done, as SAW MILL, BANK  10. Date deceased last w this occupation (m year)  12. BIRTHPLACE (city or town	es SPINNER, EEPER, etc. in which SILK MILL, etc. orked et	time (years) ent in this supation	Petrolum Pon	Justralia Date of once
(Stete or country)  13. NAME  14. BIRTHPLACE (city or State or country)  15. MAIDEN NAME	B. Farly	Jo	What test confirmed diagnosis?	
15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country))  17. INFORMANT	1	i mi	23. If death was due to external causes (VIOL Accident, suicide, or homicide?  Where did injury occur?(Specif Specify whether injury occurred in INDUSTR	Date of Injury, 19
18. BURIAL, CREMATION, OR Plece	REMOVAL Date Only	1619.3×	Manner of injury	
19. UNDERTAKER (Address)	malson Vi	m	24. Was disease or injury in any wey related If so, specify	to occupation of deceased?
20. FILED May 9th	1938 9V/Sm	Registrar.	(Signed) 7 Maria	m. on

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0	E C	B	
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ery	INS	ent	
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LA	pln	F D	TION is very important. See instructions on back of certificate.
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RIT	ion	USI	Z
M	mat	CA	TIC

	CERTIFICATE OF DEATH 15241
1. PLACE OF DEATH	(82-0)
County Sallerall	Registration Dist. No. 4
Village or City VIII OU //W	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foralgn blrth?yrsmosds.
2. FULL NAME Josac Hally	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 28th 1934 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Jara Hall,	22. I HEREBY CERTIFY That I attended decaesed from May 14 44 1934 to May 29 11 1934
6. DATE OF BIRTH (month, day, and year) 1871	I last saw how alive on Man gold 1924 death is said
7. AGE 63 Yaars Months Days If LESS then I day,hrs.	to have occurred on the date stated above, et /_ /0, /2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Carry & Truck-J'wrwt. SAW MILL, BANK, atc.  10. Date deceased last worked at 2 weeks 11. Total time (years) 2.0	Cerebral Henrochage May 14
9. Industry or business in which work wes done, es SILK MILL, Carry & Truck-Jurus	
10. Date deceased last worked at 2 weeks this occupation (month and 2 weeks spent in this year)	
12. BIRTHPLACE (city or town) Mt Verwou, Catalog (State or country), mary lacest,	Othar Contributory Causes of importance
13. NAME William Hall.  14. BIRTHPLACE (city or town) My Viruse Mh.	Coresis. of regar fine
(State of country)	Name of oparation Date of  Whet tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Lara Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Drall's Island.  (Slate or country) Maryland.	Accident, suicida, or homicida?
17. INFORMANT - January Torth Joseph Child	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Place Date 5/29/34 19	Manner of injury
19. UNDERTAKER Wall downer (Address)	24. Was disease or injury In any way related to occupation of dacaased?
20. FILED / 29/34 19 mm & Brantt	(Signad) Jaly T. Ruby M. D.
Registrar.	(Addrass) Oreste Osh

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

	infor-	state	UPA-	1
1	Jo 1	pluc	OCC	1
1	item	she	Jo	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	ORI	HYS	t st	
	REC	<u></u>	Exac	
5	LN	LY	d.	
	ANE	CT	ssifie	
	ERM	XX	cla	di.
지 디	A PI	ed I	erly	ficat
FC	IS	stat	proj	certi
田口	HIS	be	pe	Jo
RGIN RESERVED FOR BINDING	T	pluo	may	back
127	INK	E sh	t it	no
Z	NG	AGI	tha	ions
SIS	ADI	ed.	18, SC	truct
X	UNI	uppli	tern	e ins
,	TH	ly si	lain	Se
	WI	reful	in p	ant.
	ILY,	e.ca	ATH	port
	AIN	ld b	DE	TION is very important. See instructions on back of certificate.
	PI PI	shou	OF	ver
	RITI	ion	JSE	N is
4	-WI	mat	CAL	TIO

N. B.-WRITE PLAI mation should

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	242
1. PLACE OF DEATH		(n2-0)	
County Somused	***************************************	Registration Dist. No. 27	0
Village or City on Warn	ma >=	No mecreoty meyores that Cuspell	Ward
Length of residence in city or town where de	ath occurred 47 vrs 6 mos	death occurred in a horpital or institution, give its NAME instead of street and nude. ds. How long in U.S. If of foreign birth?	imber)
2. FULL NAME Fred ha	,	7.	
(a) Residence: No. war		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	Hale
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 <del>4</del>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Classofully X	Leulusm	22. I HEREBY CERTIFY. That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year)	128 1887	24	death is said
7. AGE Years Months	Days if LESS than	to have occurred on the date stated above, at 11, 43 1km.	
47 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Detectores
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		acut Die of Neart.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Hormonheyr. for Slonghung	4
work was done, as SILK MILL, SAW MILL, BANK, etc.	mui	in i	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town).		Other Contributory Causes of importance:  Storyulates Hermia	april 34
(State or country)		Surremm truck sloughwing	In short miles
13. NAME askny Hend	luom.	mund, fical Listula	
13. NAME WStory Bend 14. BIRTHPLACE (city or town). Ind.		Name of operation Hermoting Date of af	22334
(State of Country)	0	What test confirmed diagnosis? Lessel. Was there an au	opsy?
15. MAIDEN NAME Matilda Jac.  16. BIRTHPLACE (city or town). M. L	er Olighi	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) / // / (State or country)		Accident, sulcide, or homicide? Date of injury	, 19
(D 0 N -	,0	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) The sum	mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  August Colony Wiles Residency 30	leus aja
18. BURIAL, CREMATION, OF REMOVAL	~11	Manner of injury mot down	
Place Motolly May	Date 9/6 ,1934	Nature of injury	
19. UNDERTAKER LA NU A GALLANDE (Address)	radshary	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 3/5 , 1934 Gua	elia 10, danso	(Signed) Deorge C bulling.  (Address) marion on a	M. D.
+	Acginiar.	(Audices)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	li li	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. G.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH + 05243
1. PLACE OF DEATH	(22)
County Upper Fairmount Somers	et Registration Dist. No. 2.70
Village or City Cristixld, McCready hier	and al lastita
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred	ds. How fong In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carroll Hoffmar	ν
(a) Residence: No. Jm ith Island	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
M OR DIVORCED (write the word)	21. DATE OF DEATH  100 / F 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Mac Hoffman	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sulv ? /897	I last saw h alive on 1984; death is sald
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 6,30Am.
37 10 ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	acut Die of Heart. Oate of oneet
SAWYER, BOOKKEEPER, etc. Waterman	Toprius
9. Industry or business In which work was done, as SILK MILL,	Parveyes of Maprioling Center
Kind of work done, as SPINNER, Act I was SPINNER, Act I was done, as SPINNER, Act I was done, as SPINNER, Act I was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at May 11. Total time (years) 11. Total time (years) 11.	
this occupation (month and year) spent in this year)	
Some 1+1 Osland	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Or Pri 17 97) (Charge (State or country)	Telouix Countains
	Moux, Cumlaris
E Co. 141 Vol.	
14. BIRTHPLACE (city or town) 2 m 11 h 11 lung (State or country)	Name of operation
E 15. MAIDEN NAME CANADA'S ELECTION	What test confirmed diagnosis?
Coo 141 1101a 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17 INFORMANT Roland Hoffman	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Phodes Pout	-Splintes unde Flink nail
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place / 16 de spoint Oate / 10 4 20, 19 34	Nature of injury
19. UNDERTAKER John a Bratistan	24. Was disease or injury In any way related to occupation of deceased?
(Addiess) Cristial Cris	If so, specify
20. FILED May 18, 1934 C.E. Collins	(Signed) Serry Q Mulham M. D.
Registrar.	(Address) . Markey Took

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	JUN 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	Higher Dyeller			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Differential of first total telephone of the building

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2.108
County Sprisall	Registration Dist. No.
Village or City Chance	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norphal or insutation, give its IVALVIE, instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Handled Johnson	
	04
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
FI 18 1025	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days   If LESS than	to have occurred on the date steted above, at 14 30 Pm
2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	al alice in
9. Industry or business in which	Paren Shuna alhux
work wes done, as SILK MILL, SAW MILL, BANK, etc	No boller is
- 1 Spontin this	The state of the s
yeer) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 19 Man 19	J. J.
(State or country)	Jangsent M X WI
14. BIRTHPLACE (city or town) Olle gational	
14. BIRTHPLACE (city or town) Oll gulunal	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Magarety 1 whell 1 whe	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Manual Ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AGAINST LANGE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Thank In Date Date 19 54	Nature of injury
Tires Mehalie	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
200 22 24 Dr. 50 Well-T-	(Signed) M. D. M. D. M. D.
20. FILED 7719 103 193 4 Registrar.	(Address) Part Md

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	f
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	930
County Somersot	Registration Dist. No. 260
Village or City Princess Amne	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrs,
2. FULL NAME Trary Ban Hora	
(a) Residence: No. Trimeses Among	STTIL Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  ( Only (Dey) (Year)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of Com Honry Rankford	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) 1878	I last saw I a delive on Many 5 9 19 5 4; deeth is seid
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, et 12/2/m.
56 unknown lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of one et
9. Industry or business in which work wes done, es SILK MILL, 17 5 777 85 + 1 C	Myocarde lis 1930
10. Dete deceased last worked at this occupation (month and 9 3 3 11. Total time (years) spent in this occupation 30%	
12. BIRTHPLACE (city or town) Trincess Anna (State or country)	Other Cantributary Causes of importence:
13. NAME Smith Stephenson	
13. NAME Smith Eterbenson  14. BIRTHPLACE (city or town) - mpany land	Neme of operation
15. MAIDEN NAME THAT TO Bartis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO OFTHO BOLLIS  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Un 16. Dan 14-10rd	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece 11 1 1 Charley Date May 4 , 1924	Nature of injury
19. UNDERTAKER Wellston Light	24. Wes disease or Injury in eny wey related to occupation of deceased?
(Address) 34 Befold 1 + Paren 1911	If so, specify
20. FILED 5 - 24, 19 824 J Smith	(Signed) Clare 1. Cursomacu M. O.  (Address) Frew Caso Ceese Till

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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i	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

AG DA	ENT RECORD. 1	TLY. PHYSIC	ied. Exact state	
FOR BINDIN	IS A PERMAN	stated EXAC	properly classifi	certificate.
ARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

	-CERTIFICATE OF DEATH 05247
1. PLACE OF DEATH	CORPORATE LIMITS Refrictration Diet No. 2 6 5
County formula WITHIN	CORPORATE LIMITS Registration Dist. No. 265
Village or City Company	NoSt.,Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
	losds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME Still MOTEST	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That Lattended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) may 2, 1934	I last see b alive op 19 death is sai
AGE Years Months Days If LESS than	to have occurred on the date state about 1
Flellborn 1 day 0 hr	were as follows:
9 Trade profession or particular	Date of onese
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation	
2. BIRTIIPLACE (city or town) Cusfuls MB (State or country)	Other Coutributory Causes of importance:
13, NAME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14. BIRTHPLACE (city optown)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Witty Luyer	23. If death was due to external causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME With fuyer  16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Chipful a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Home Lot Date May 2, 1934	Nature of injury
9. UNDERTAKER John A. Bradshaw (Address) Crisfield, Md.	24. Was disease or injury In any way, related to occupation of deceased?
O. FILED MAY 2, 1934. C. E. Collin	(Signed) M. (Address) M. OTAGA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUDEAU V. S.			ese.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) -- Chia+

STATE OF MARYLAND—CERTIFICATE OF DEATH

05248

Date of onset

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1 N. B. See instructions on back of certificate.

of OCCUPA-

	I. PLACE OI		OF MAR	YLAND-	CERTIFICATE OF DEATH 05249	
		Somerset			18.00	
		Cond	sfield	WITH	IN CORPORATE LIMITS OF Dist. No. 265	
	Village or C	dence in city or town whare	ימ		No. St., Ward f death-occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
				,,	syrsmosds.	
	2. FULL NAI	7 - 7 -	Riggin ambia Av			
	(a) Residen	e: No. 9010	(Usual place		St., 2 Ward.  If nonresident give city or town and State	
600000	PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX F	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE W 1 d ow	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Month)  May 29  (Yeer)	
5a.	If married, widow HUSBAND of	ed, or divorced				
	(or) WIFE of	John 7	7 Riggin		22.   HEREBY CERTIFY, That I ettended deceased from	
	D.17F AF DID.		Annil 9	2.000	march 7, 1934, to may 29, 193 4	
	AGE Year	month, dey, end year) s   Months	April 29	1863	I last saw h & 2 aliva on may 28 , 19.3 4; death is said	
	71	1	7	1 dey,hrs.	to have occurred on the date stated above, at	
	8. Trade profes	sion, or particuler	1 4	ormin.	Were as follows:	
ION	kind of w	ork done, as SPINNER, BOOKKEEPER, etc	Housey	vork	Chronic myclock Sukaenera 1931	
OCCUPATION	9. Industry or b	usiness in which		<u> </u>		
CUI		done, as SILK MILL, L, BANK, etc				
00	10. Date decease this occup	ation (month and	11. Total ti	ma (years) ntin this		
	yeer)		0001	pation	Other Contributary Canses of Importance:	
12.	BIRTHPLACE (city		sfield		State of importance.	
0	(State or coun	~	lid			
FATHER	13. NAME	George .a				
FAT		(city or town)	Crisfi		Name of operation Oate of	
-	(State or	0- :	Laird	Md	Whet test confirmed diagnosis? Clara all Was there an autopsy?	
MOTHER	15. MAIDEN NAM	E oaran		1-61-77	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MO	16. BIRTHPLACE	(city or town)	Gr	isfield	Accident, suicide, or homicide?, 19, 19, 19	
	(State of			IId	Where did injury occur? (Specify city or town, county and State)	
	(Address)	Carlyle R	1gg1n Crisfi	eld Md	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18.	Place R1	on, dr REMOVAL	гу <sub>ate</sub> Ма	y 31, <sub>1</sub> 34	Manner of injury	
19.	UNDERTAKER	John A Br	adshaw	***************************************	24. Was disease or injury in any way related to occupetion of deceased?	
		0:	Crisfie]	,d Md	(Signed) S. M. Pay fon	
20.	FILED ! / LOSA	3.1., 19.34. C	- E Col	Registrar.	(Address) Crio relia 1 md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requising V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Somersel	Registration Dist. No. 270
Village or City Mr Cuisfield, Md.	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How Jong in U.S. If of foreign birth?mosds.
2. FULL NAME Clarlence Lee )	horalou
(a) Residence: No. Cushed 17. 4.2	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OB-RACE   5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
male Houle or DIVORCED (write the word)	21. DATE OF DEATH May 6 th, 193 4 (Year)
5e. If married, widowad, or divorced Mosuria & Thornton, (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sec. 19, 1875.	I last say harm alive on way 4 (93 %; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above A. Jm.
58 H 14 14 1dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particuler kind of work done, as SPINNER, Letter flower flowe	- acute Cantina
Industry or business in which work was dona, as SILK MILL,  SAW MILL, BANK, etc	Dialatotion
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Myrcarditis
13. NAME Nobert & Thomson	(1
14. BIRTHPLACE (city or town) Af	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary 6, After,	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Mary 6, Tyler,  16. BIRTHPLACE (city or town) J.	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT MASSING CO. Mornford (Address) Curried Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pleca Cloudy Courtefy Date Mag 8th, 1963.4	Manner of injury
19. UNDERTAKER D. D. Lawron, (Addiss) Circlind Mot	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED May 8, 1934 C. E. Collins. Registrar.	(Signed) 11 14 (Qoulbourn, M. D.  (Addrass) (A A A A A A A A A A A A A A A A A A A
If more blanks are needed, address State Registrar	PATT N Charles Street Baltimore Property 31 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH U0201
County Samural	Registration Dist. No. 268
Village or City Chance	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. (Nee Journ)	22. I HEREBY CERTIFY. That I attended deceased from  1934, to May 10, 1934
6. DATE OF BIRTH (month, day, and year) 3/16/1863	I last saw hafting alive on A ay - fl f, 1924 -; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at A. I. L. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Salvalar Heart Gerionet
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, boartuse was MILL, BANK, etc.  10. Dato deceased last worked et this occupation (month and this expension).	Aortic mansfrumen
10. Dato deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) & hans Ma (State or country)	Dther Contributory Causes of importence:
13. NAME William S. Tylin  14. BIRTHPLACE (city or town) Laborated Edition	A Sala Mills
(State or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Squal & PMI	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Quality  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Odwin Tyles fr. (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Date Date 19.3	Manner of Injury
19. UNDERTAKER Syred & Ketholes (Address) Dead Lew Rd	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED May (2, 1934 Rosa Welter Registrar.	(Signed) — — — M. C. (Address) — L. J. O. A. P. J. O. A.

.. P C . W 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	3000	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	SUREAL .	3		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE	OF DEATH		•	108
County	Somerset			Registration Dist. No. 270
Village or Length of ro	CityCrisfie	ld M	(1	emorial Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL N		o Torre		
	TT in line in			
(a) Keside	ence: No. UAKA	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  May 25 1934
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced	A		(Monch) (Day) (Year)  22. I HEREBY CERTIFY, That I attended decaesad from
6 DATE OF BIRTH	I (month, day, and year)	1890	mknows	1 last saw h = : alive of 24, to 24, 1934; death is said
	aars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 4.4.4. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profined of SAWYE	fession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc		[ 01 mill.	were as follows: Date of onset  Date of onset  Date of 243
SAW M	r business in which vas dona, as SILK MILL, IILL, BANK, etc	******************		
11110 000	esed last worked at cupation (month and	sps	time (yaars) ent in this upation	
12. BIRTHPLACE ( (State or co		Cuba		Other Contributory Causes of Importance:
13. NAME	7			
	CE (city or town)	7		Name of oparation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN N	AME /	1		23. If death was due to external causes (VIOLENCE) filf In elso the following:
	CE (city or town) or country)	un		Accidant, suicide, or homicida?
17. INFORMANT	McCready Men	orial H		(Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMA	Lawsonia	Date 11	ay 28, 19 34	Manner of injury
19. UNDERTAKER _ (Address)	John A Br	adshaw risfiel	a Ma	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED. THE	428,1934 C	2.2.	Plina Registrar.	(Signad) Leorge Quellausu. M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1014 A 1924			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Somerset Co.	Registration Dist. No. 260
Village or City Orinces auce	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME The Manne B.	by Trader - Dum
(a) Residence: No. Oranica Cutto Canal (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)  5. If merried, widowed, or divorced HUSBAND of	21. DATE OF DEATH May (Dey) (Yeer)
(or) WIFE of Suffernity	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) CPU. 28, 1934	I last sew h_L/ elive on May 137, 1984; death is seid
7. AGE Yeers Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wera es follows:
8. Trede profession or perticular	Grennet Infanct Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc  10. Data daceesed lest worked at 11 Total time (years)	
10. Data daceesed lest worked at this occupetion (month end yeer)	
12. BIRTHPLACE (city or town) Princers auce (State or country)	Other Coutributory Causes of importence:
13. NAME Carl W. Irader	0
13. NAME Carl Us Trader  14. BIRTHPLACE (city or town) Rosanoke Cety  (State or country)	Neme of operation Dete of
15. MAIDEN NAME Climbeth n. Steeling	What test confirmed diegnosis? Wes there en autopsy?
16. BIRTHPLACE (city or town) Princers are (State or country)	23. If daath wes dua to axtarnel ceuses (VIOLENCE) fili in elso tha following:  Accident, suicide, or homicide?
17. INFORMANT Carl w. Leader (Address)	Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE/ Fraces and Dete May 3, 19.34	Manner of injury
19. UNDERTAKER M. L. Watson I Sons	24. Was diseasa or injury in eny wey releted to occupation of deceasad?
20. FILED May 2, 1934 J. J. Druitt	(Signed) (Address) (Sage Control of Control
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MIDEAU V. S.	18		
Other contributory causes of importance:	7.0	Other contributory causes of importance:	FEETH LEF
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
		•	

TION is very important. See instructions on back of certificate.

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1. PLACE OF DEATH	99.9
County Double Coli	Registration Dist. No. 2
Village or City DAMES QUARTER	NoSt.,Ward
I become the control of the control	f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
0, 10/	Ola A O
2. FULL NAME COVERNA / Va	ace.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
0/21/20	1934, to 2004 3 , 1934  Hast saw h 2 alive on 2004 3 , 1934: death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Day's If LESS then	I last saw have a live on
/ / / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A la rag + 1AS
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	Mon-epidemie, Ceo GR.
SAW MILL, BANK, etc	Caused by broncho-poseumonial
this occupation (month and spent in this occupation occupation	g V
DANICO OLLABER ALE	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town DAMES OLIARTER, MD. (State or country)	12 Aprillo- fin burnons
13. NAME NOMA WOLLD	
14. BIRTHPLACE (city or townDAMES QUARTER, MD.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Beasil Namily	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Desil Vaniel 16. BIRTHPLACE (city or town) WENONA, MD.	Accident, suicide, or homicide? Dete of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Beasy Wallace	(Specify eity or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) DAMES QUARTER, MD.	
18. BURIAL, CREMATION, OR REMOVAL Plece Pennse January Date Muy 4 , 19 3 4	Manner of Injury
19. UNDERTAKER Lemis S. We hali	24. Wes diseese or injury in any wey related to occupation of deceased?
(Address) DEALS ISLAND, MD.	If so, specify
20. FILED May 3 1934 W. S. Kelly	(Signed) O - D - M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE CEIVED!			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
IS UKSIAN			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

V. S. No. 1

	CERTIFICATE OF DEATH 05255
1. PLACE OF DEATH	(120)
County Dome > LoT	Registration Dist. No. 260
Village or City Finess Anna	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	Ison
(a) Residence: No.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Balob Wilson	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) March 3 1895	1920
6. DATE OF BIRTH (month, day, and year) "1912" 3 18 73  7. AGE Years Months Days If LESS then	i lest say h
39 2 — I day,hrs.	to heve becurred on the dete stated above, by 11:49:m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were es follows:
kind of work done, es SPINNER. To buse wite	
9. Industry or business in which	acute Indinestion Tiens
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and May 1934) year)  11. Total time (years) spent in this spent in this occupation (month and May 1934)	Primary cause: Fastro kuterities lugge 1
12. BIRTHPLACE (city or town) Princes Anne (State or country) Tary land	Other Coatributory Causes of importence:
I	
4. BIRTHPLACE (city or town) Tipery fame	Neme of operation
15. MAIDEN NAME Lulia G. Boaland	Whet test confirmed diagnosis? None Westhere en autopsy? No
15. MAIDEN NAME Lulia G. Boaland  16. BIRTHPLACE (city or town) Proposess Anne The Cost Anne The Cos	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Golob Wilson (Address) Frinces & Arma Md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Later unit westpete 5 - la 1934	Nature of injury
19. UNDERTAKER World body of former beach	24. Wes disease or Injury in any way related to occupetion of deceased?
20. FILED 5-5-, 19 84 J J Quith	(Signed) Oldore A. Jacks macu M. D.  (Address) Priesca & Arrive Type
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gostroenteritis May 1.1923 1 year

STATE C	OF MARY	rland—	CERTIFICATE OF DEATH 05	256
County	1		Registration Dist. No.	50
Village Dr City East	Ba	en, of	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsm	osdş
2. FULL NAME Stiller	m Wil	son.		٧
(a) Residence: ND.	(Usual place o	14	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	1 /
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	tiED, WIDOWED, (write the word)	21. DATE OF DEATH LUMINATION (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	200 7 01	13¢		, 19 _: death is sàid
7. AGE Leve born	Days	if LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1.2	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	V		Deise bonn	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this scrupation (month and	~		;	
0 10. Date deceased last worked at this occupation (month and year)		ne (years) tin this pation	Dither Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or county)	•		One of the control of	-
13. NAME Vacando 32	vino		1	
13. NAME ALL STATES AND ALL STATES A			Name of operation Data of What test confirmed diagnosis? Was there an a	ulonev?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)	rys	ms.	23. If death was due to external causas (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL	Date V/7	, 1933 &	Manner of injury	
19. UNDERTAKER (Address)  20. FILED 77, 19.3 4.7	Vone	Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	Song M. I

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308 9 49-9			
Other contributory causes of importance:	t t	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year